

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1. Date of Request: _____

2. Serial/Patent # **10/518749**

3. Please refund the following fee(s):

4. PAPER
NUMBER

5. DATE
FILED

6. AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

FEE VALUE ACCOMPLISHMENT	
DEPOSIT ACCOUNT NO.	
02	2448
FEE CODE	VALUE FURNISHED
1032	500
2615	50
2616	180
1642	1400

7. TOTAL AMOUNT
OF REFUND

\$

8. TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9. 02--2448

10. REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11. REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Winston Alvarez
National Stage Processing
Patent Specialist
(703) 365-6421

TITLE:

SIGNATURE:

PHONE:

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: